L 24000242120

| (Requestor's Name) | |
|---|-----|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MA | AIL |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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Office Use Only



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COVER LETTER

Registration Section

TO:

| Division of Cor | porations | | |
|--------------------------------|--|---|---|
| | R SOLUTIONS OF FLORIDA | ALLC | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | ADRIAN CASANELLAS | | |
| | | Name of Person | |
| | BEHAVIOR SOLUTIONS | S OF FLORIDA LLC | |
| | | Firm/Company | |
| | 7300 Biscayne Blvd Suite | | |
| | | Address | |
| | Miami, FL 33138 | | |
| | DELLA VIODEOL LITIONE | City/State and Zip Code | |
| | | DFFLORIDA@GMAIL.COM to be used for future annual report noti | fication) |
| For further information c | oncerning this matter, please c | all: | |
| ADRIAN CASANELLA | \S | 305 433-4451 | |
| Name o | f Person | at () Area Code Daytin | ne Telephone Number |
| Enclosed is a check for the | he following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55,00 Filing Fee & Certified Copy radditional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address Registration S | Section | Street Address: Registration Se | |
| Division of C P.O. Box 632 | • | Division of Cor The Centre of T | |
| Tallahassee, | | | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEHAVIOR SOLUTIONS OF FLORIDA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Li | ability Company | were filed on 05/24/2024 | a zz assigned |
|--|---------------------|---|------------------------------------|
| Florida document number 1.24000242120 | · | | and assigned |
| This amendment is submitted to amend the follo | owing: | | |
| A. If amending name, enter the new name of | the limited liab | ility company here: | AH 7 |
| The new name must be distinguishable and contain the w | ords "Limited Liabi | lity Company," the designation " | LLC" or the abbreviation"L.L.C." |
| Enter new principal offices address, if applic | able: | 7300 Biscayne Blvd Suite | 200 |
| (Principal office address MUST BE A STREET ADDRESS) | | Miami, FL 33138 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 7300 Biscayne Blvd Suite Miami, FL 33138 | 200 |
| B. If amending the registered agent and/or r agent and/or the new registered office addres Name of New Registered Agent: | | address on our records, <u>en</u> | ter the name of the new registered |
| New Registered Office Address: | 7300 Biscayne | Blvd Suite 200 | |
| New Registered Office Address. | | Enter Florida street aa | ldress |
| | Miami | | . Florida <u>33138</u> |
| | | City | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

| If Changing Registered | Agent, Signature of N | ew Registered Agent | |
|------------------------|-----------------------|---------------------|--|

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------------|-------------------------------|----------------|
| MGR | ADRIAN CASANELLAS | 7300 Biscayne Blvd Suite 200 | |
| | | Miami, FL 33138 | □Remove |
| | | | ■ Change |
| MGR | AMANDA DIAZ | 7,300 Biscayne Blvd Suite 200 | |
| | | Miami, FL 33138 | □Remove |
| | | | |
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| ective date, if other than the a effective date is listed, the date muster. If the date inserted in this blocument's effective date on the De | ock does not meet the uppl | icable statutory filing | (optional) re than 90 days after filing.) F requirements, this date w | tursuant to 605.0207 ill not be listed as |
| ecord specifies a delayed effective is filed. | r date, but not an effective | time, at 12:01 a.m. o | n the earlier of: (b) The | 90th day after the |
| JULY 9TH | | <u></u> . | | |
| | | | | |
| | State | 12- | | |
| | Signature of a member or au | | of a member | |

Filing Fee: \$25.00